

PCT

FEE CALCULATION SHEET

Annex to the Demand

| | | |
|---|--|--|
| International application No. | PCT/JP03/07992 | For International Preliminary Examining Authority use only |
| Applicant's or agent's file reference | R03089 PCT | Date stamp of the IPEA |
| Applicant | | |
| CALCULATION OF PRESCRIBED FEES | | |
| 1. Preliminary examination fee | 28,000 | P |
| 2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>) | 19,200 | H |
| 3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box | 47,200 | |
| | TOTAL | |
| MODE OF PAYMENT | | |
| <input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) | <input type="checkbox"/> cash | |
| <input type="checkbox"/> cheque | <input checked="" type="checkbox"/> revenue stamps | |
| <input type="checkbox"/> postal money order | <input type="checkbox"/> coupons | |
| <input checked="" type="checkbox"/> bank draft | <input type="checkbox"/> other (<i>specify</i>): _____ | |
| AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i> | | |
| IPEA/ _____ | | |
| <input type="checkbox"/> Authorization to charge the total fees indicated above. | Deposit Account No.: _____ | |
| <input type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. | Date: _____ | |
| | Name: _____ | |
| | Signature: _____ | |